

Employment Agency Surety Bond

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P.O. BOX 9034 OLYMPIA, WA 98507-9034 Sole Proprietor Partne	ership Corporation
KNOW ALL PERSONS BY THESE PRESENTS: That	APPLICANT/OWNER
doing business as	DUOINEGO MAME
as Principal, at the following address	BUSINESS NAME BUSINESS ADDRESS and/or
a corporation organized and existing under the laws of the State and authorized to transact surety business in the State of Washing OF WASHINGTON in the sum of \$2000 Dollars lawful money of of Washington, for which payment well and truly to be made, successors and assigns, jointly and severally firmly by these presents.	gton, as Surety, are held and firmly bound unto the STATE the United States of America to be paid to the said State we bind ourselves, our heirs, executors, administrators, esents.
THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THATE Employment Agency license by the Business and Professions business of an Employment Agency within the State of Washingto in the penal sum of \$2000 Dollars with good and sufficient suret	Division of the State of Washington for carrying on the n; and is required by Chapter 19.31 RCW to furnish a bond
NOW, THEREFORE, If the said principal will comply with all the prand with all rules and regulations adopted by the Director of the provisions of Chapter 19.31 RCW and will pay all amounts that make the chapter 19.31 RCW or any rules or regulations adopted pursus Employment Agency then the above obligation shall be null and	e Department of Licensing, of said state pursuant to the nay be adjudged against principal by reason of violation of uant thereto in the conduct of principal's business as an
PROVIDED: That any person having a claim against the principa her agent of Chapter 19.31 RCW or any rules or regulations ado Superior Court of the County in which the principal's business is lomay be had.	pted pursuant thereto may bring a suit on this bond in the
PROVIDED FURTHER: That the aggregate liability of the Surety has the penal sum of this bond. PROVIDED FURTHER: That the Bust days prior to the cancellation of this bond, along with the reason approved unless it expressly provides that it will be effective for the termination, whether because of expiration, suspension, or revocacts and omission or omissions of the licensee occurring on, or	siness and Professions Divisions shall be notified ten (10) on for cancellation or termination. No bond filed shall be one year following the effective date of its cancellation or eation of the license, or otherwise, as to any covered act or
IN WITNESS WHEREOF, the said principal and the said Surety	have affixed their hands and seal this
day of	Effective date of bond
	Bond Number
Signature of Principal	Surety
X SIGNATURE OF APPLICANT/OWNER OR INDIVIDUAL AUTHORIZED	Name
SIGNATURE OF APPLICANT/OWNER OR INDIVIDUAL AUTHORIZED TO SIGN FOR PARTNERSHIP OR CORPORATION	Attorney-in-Fact
(SURETY SEAL)	Agency Name

The Department of Licensing has a policy of providing equal access to its services. If you need special accommodation, please call (360)586-7569 or TTY (360)664-8885.

Resident Agent _____

Address_